

PATIENTS ATTENDING COLLEGE OUT OF STATE



The unfortunate reality is that the regulatory requirements for telepsychiatry apply to your patients attending college out of state. While this has always been the case, much more attention is now being paid to it, often catching psychiatrists off guard. We understand that these patients may have been with you in treatment for years. We just want to remind you of the importance of complying with the regulatory requirements – otherwise your license and your livelihood could be adversely affected.

Discussed below are two key hurdles to consider; there certainly could be additional hurdles not discussed here, such as health plan coverage and billing issues.

HURDLE #1: LICENSURE REQUIREMENTS

As with any telepsychiatry session, you have to meet licensure requirements in the state where the patient is sitting (as well as where you are sitting) at the time of the session. There are several scenarios possible when treating patients out of state at college when you are not licensed in the college state:

Scenario #1: There is no plan to see the patient while away at school – the patient will be seen when home on breaks: In this case, there's no need to be concerned with licensure in the college state. If the patient calls you with a clinical concern, take the call. Depending on the patient's clinical status, the patient may need care by a local psychiatrist or the school's mental health center professionals.

Scenario #2: You expect the patient will only need one remote session with you while out of state: In this case, you should determine if the college's state has any exception to licensure allowing for this infrequent contact. Unfortunately, not all states have addressed the infrequent visit issue in terms of licensure, but several states have said licensure is not needed.

TIP: To find state law requirements, you may find the Center for Connected Health Policy's website (www.cchpca.org/) useful as it contains surveys of state laws for licensing, prescribing controlled substances, telemedicine standards, and more. Once on the website:

- Click "all telehealth policies"
- Then "look up by jurisdiction"
- Then "professional requirements"
- Then "cross-state licensing" or whatever topic you are researching

Scenario #3: You plan on meeting regularly for remote sessions with your patient out of state: You should determine if the college state has any exception to licensure allowing for this frequent contact, and you can start

by searching the CCHP website. If no licensure exception is found, you may want to contact the college state's licensing board – without confirming any past sessions you may have had with the patient – to ask proactively if there would be any exception to licensure for you to treat a patient in the state just for college.

• If you do not get that permission, you could consider getting a full license in that state, but that may not be worth the application process and expense without knowing the DEA's final regulations on prescribing controlled substances via telemedicine.

Continuing to treat without meeting licensure requirements could result in an allegation of unauthorized practice of medicine, which could lead to disciplinary action by the college state's board and/or your licensing board(s) – and there is no coverage under your liability insurance policy for actions based on illegal acts.

HURDLE #2: PRESCRIBING CONTROLLED SUBSTANCES

To prescribe controlled substances out of state, in addition to meeting licensure requirements in the patient's state, there could be state requirements for prescribing in addition to federal requirements. Violations of these requirements could result in loss of your DEA registration(s).

- The general DEA requirement of having a DEA registration both in your state and in the patient's state is currently waived temporarily, likely until November 2023.
- The DEA is currently working on a final regulation for prescribing controlled substances via telemedicine.
 - Once that is released, it should address the on-going requirement for DEA registrations.
 - office in that state (not just a virtual office address).
 If the final regulation goes back to the pre-pandemic requirements, you will need a DEA registration in the patient's state but obtaining a DEA registration in a state requires a physical brick-and-mortar office in that state (not just a virtual office address).

Interestingly, more student health centers are now providing medication management for students for such conditions as ADHD. The degree of collaboration with the hometown psychiatrist varies, and most schools are requiring prior records, and sometimes testing to support the ADHD diagnosis. Examples include <u>St. John's College, USC, Purdue</u>, and <u>USF</u>, just to name a few. Based on the questions we have received on our Risk Management Consultation Service (RMCS), it seems that these options for on-campus medication management are generally not explored.

The risk management advice has always been to determine what services are available from the school health center, and to have the patient at least register (if required) so there is a link to a local provider. Such services, if they exist, can be very useful in overcoming the various obstacles to prescribing controlled substances to out-of-state college students.

FINAL THOUGHTS

We understand that you may have long-standing relationships with your patients going off to college, and to terminate treatment with them simply because they chose to attend college out of state may seem like

abandonment. Our job is to make sure you are aware of the risks of being found engaged in the unauthorized practice of medicine (investigation and possible discipline by both your board and the board in the patient's state, loss of DEA registration, and no liability insurance coverage for illegal acts).

Additional Resources:

- APA, College Mental Health, Telepsychiatry: Best Practices
- PRMS, Telepsychiatry Emerging from the Mayhem, on-demand CME available at PRMS University (PRMS U) www.prmsu.com

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